

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

(Instructions on back of application)

09 SEP -4 AM 8:37

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

GORGIN LLC

2. The complete street and mailing addresses of the initial designated/principal office:

357 KNOTTINGHAM DR, TWIN FALLS, ID 83301

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

MEHRNOOSH KAZEMI-ABNAVI

(Name)

357 KNOTTINGHAM DR, TWIN FALLS, ID 83301

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

MEHRNOOSH KAZEMI-ABNAVI (Samuel) KNOTTINGHAM DR, TWIN FALLS, ID 83301

5. Mailing address for future correspondence (annual report notices):

357 KNOTTINGHAM DR, TWIN FALLS, ID 83301

6. Future effective date of filing (optional): _____

Signature of organizer(s). (An organizer is a member, or is acting in behalf of a member or members).

Signature _____

Typed Name: _____

MERNOOSH KAZEMI-ABNAVI (Samuel)

Signature _____

Typed Name: _____

Secretary of State use only

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Revised 07/2008

IDAHO SECRETARY OF STATE
09/04/2009 05:00
CK: 1489 CT: 248382 BH: 1185818
1 @ 100.00 = 100.00 ORGAN LLC # 2

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FILED EFFECTIVE